

<i>SERFF Tracking Number:</i>	<i>META-126328663</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43572</i>
<i>Company Tracking Number:</i>	<i>IO9-20 LTC SELECTOR COMPANION PIECES</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>Individual Long-Term Care Insurance Advertising</i>		
<i>Project Name/Number:</i>	<i>IO9-20 LTC Selector Companion Pieces/IO9-20 LTC Selector Companion Pieces</i>		

## Filing at a Glance

Company: Metropolitan Life Insurance Company

Product Name: Individual Long-Term Care Insurance Advertising      SERFF Tr Num: META-126328663      State: Arkansas

TOI: LTC03I Individual Long Term Care	SERFF Status: Closed-Filed	State Tr Num: 43572
Sub-TOI: LTC03I.001 Qualified	Co Tr Num: IO9-20 LTC	State Status: Closed
	SELECTOR COMPANION PIECES	

Filing Type: Advertisement	Reviewers: Marie Bennett
Authors: Mary Rinaldi, Cherise Crittenden	Disposition Date: 10/05/2009
Date Submitted: 10/01/2009	Disposition Status: Filed
Implementation Date Requested: On Approval	Implementation Date:

State Filing Description:

## General Information

Project Name: IO9-20 LTC Selector Companion Pieces  
 Project Number: IO9-20 LTC Selector Companion Pieces  
 Requested Filing Mode: Review & Approval  
 Explanation for Combination/Other:  
 Submission Type: New Submission  
 Overall Rate Impact:  
 Filing Status Changed: 10/05/2009

Status of Filing in Domicile:  
 Date Approved in Domicile:  
 Domicile Status Comments:  
 Market Type: Individual  
 Group Market Size:  
 Group Market Type:  
 Explanation for Other Group Market Type:  
 State Status Changed: 10/05/2009  
 Created By: Mary Rinaldi  
 Corresponding Filing Tracking Number:

Deemer Date:  
 Submitted By: Mary Rinaldi  
 Filing Description:

Metropolitan Life Insurance Company  
 57 Greens Farms Road, Westport, CT 06880  
 Tel 203 221-3859 Fax 203 221-6573  
 Mrinaldi@metlife.com

Mary J. Rinaldi  
 Long-Term Care

SERFF Tracking Number: META-126328663 State: Arkansas  
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 43572  
Company Tracking Number: IO9-20 LTC SELECTOR COMPANION PIECES  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: Individual Long-Term Care Insurance Advertising  
Project Name/Number: IO9-20 LTC Selector Companion Pieces/IO9-20 LTC Selector Companion Pieces

October 1, 2009

Commissioner of Insurance  
Arkansas Insurance Department  
1200 West 3rd Street  
Little Rock, Arkansas 72201-1904

Re: Metropolitan Life Insurance Company ("MetLife")  
Individual Long-Term Care Insurance Advertising  
NAIC No. 65978 - FEIN No. 13-5581829  
MetLife Company Filing No. IO9-20 LTC Selector Companion Pieces

Advertising Form Number Brief Description of Advertising Material  
ADF#1921.09 LTCI Selector Prospecting Letter

ADF#1922.09 Selector Phone Script

Dear Sir/Madam:

We enclose for filing an printed copies of the Individual long-term care advertising materials described above. The materials are intended for use with Individual long-term care policy form LTC2007 AR approved by your Department August 17, 2007.

The advertising material is new and does not replace any material previously filed with your Department.

We consider the materials Invitation to Inquire advertisements.

This electronic submission includes PDFs of the following:

- Each advertisement
- the required NAIC form
- an explanation of variables for each form identifying how the variable material will be modified, and
- this letter

The \$50.00 filing fee is an EFT transaction via SERFF.

SERFF Tracking Number: META-126328663 State: Arkansas  
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 43572  
Company Tracking Number: IO9-20 LTC SELECTOR COMPANION PIECES  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: Individual Long-Term Care Insurance Advertising  
Project Name/Number: IO9-20 LTC Selector Companion Pieces/IO9-20 LTC Selector Companion Pieces

Please advise us of your action on this submission in accordance with your usual procedures.

If you have any questions or comments, please do not hesitate to contact me.

Sincerely,  
Mary J. Rinaldi  
Consultant-Compliance Marketing/AD

## Company and Contact

### Filing Contact Information

Mary Rinaldi, Consultant- Compliance mrinaldi@metlife.com  
MKTG/AD  
Green Farms Road 203-221-3859 [Phone]  
Westport, CT 06880

### Filing Company Information

Metropolitan Life Insurance Company	CoCode: 65978	State of Domicile: New York
MetLife	Group Code: -99	Company Type: Life
1095 Avenue of the Americas	Group Name:	State ID Number:
New York, NY 10036-6796	FEIN Number: 13-5581829	
(212) 578-2211 ext. [Phone]		

-----

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$25.00 per form
	2 x \$25.00 = \$50.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company	\$50.00	10/01/2009	30996966

SERFF Tracking Number: META-126328663 State: Arkansas  
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 43572  
Company Tracking Number: IO9-20 LTC SELECTOR COMPANION PIECES  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: Individual Long-Term Care Insurance Advertising  
Project Name/Number: IO9-20 LTC Selector Companion Pieces/IO9-20 LTC Selector Companion Pieces

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	10/05/2009	10/05/2009

*SERFF Tracking Number:*      *META-126328663*                      *State:*                      *Arkansas*  
*Filing Company:*              *Metropolitan Life Insurance Company*              *State Tracking Number:*              *43572*  
*Company Tracking Number:*      *IO9-20 LTC SELECTOR COMPANION PIECES*  
*TOI:*                      *LTC03I Individual Long Term Care*              *Sub-TOI:*                      *LTC03I.001 Qualified*  
*Product Name:*              *Individual Long-Term Care Insurance Advertising*  
*Project Name/Number:*              *IO9-20 LTC Selector Companion Pieces/IO9-20 LTC Selector Companion Pieces*

## **Disposition**

Disposition Date: 10/05/2009

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	META-126328663	State:	Arkansas
Filing Company:	Metropolitan Life Insurance Company	State Tracking Number:	43572
Company Tracking Number:	IO9-20 LTC SELECTOR COMPANION PIECES		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	Individual Long-Term Care Insurance Advertising		
Project Name/Number:	IO9-20 LTC Selector Companion Pieces/IO9-20 LTC Selector Companion Pieces		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Explanation of Variables		Yes
Supporting Document	NAIC Form		Yes
Form	LTCI Selector Prospecting Letter		Yes
Form	Selector Phone Script		Yes

SERFF Tracking Number: META-126328663 State: Arkansas

Filing Company: Metropolitan Life Insurance Company State Tracking Number: 43572

Company Tracking Number: IO9-20 LTC SELECTOR COMPANION PIECES

TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified

Product Name: Individual Long-Term Care Insurance Advertising

Project Name/Number: IO9-20 LTC Selector Companion Pieces/IO9-20 LTC Selector Companion Pieces

## Form Schedule

### Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	ADF#1921.09	Advertising	LTCI Selector Prospecting Letter	Initial		0.000	ADF#1921.09 LTCI Selector Prospecting Letter.pdf
	ADF#1922.09	Advertising	Selector Phone Script	Initial		0.000	ADF#1922.09 Selector Phone Script.pdf

**THIS LETTER MUST BE REPRODUCED VERBATIM ON COMPANY-APPROVED PERSONALIZED OR GENERAL USE STATIONERY. NOTICE: ONLY LICENSED INSURANCE AGENTS APPOINTED BY METROPOLITAN LIFE INSURANCE COMPANY ("METLIFE") TO SELL METLIFE LONG-TERM CARE INSURANCE POLICIES ARE AUTHORIZED AND APPROVED TO USE THIS DOCUMENT. ANY CALLS MUST BE IN ACCORD WITH COMPANY DO NOT CALL REQUIREMENTS AND ANY SPECIFIC STATE REQUIREMENTS.**

[Date]

[Name]

[Company Name]

[Address]

***Find out how MetLife can help you protect your family's well-being,  
even if you need the care!***

Dear [Name]:

Like many people, you probably feel a responsibility to make conscious, deliberate decisions to help protect the well-being of your loved ones. And you'd like to feel confident that you are doing what you can to meet that responsibility. MetLife can help, offering long-term care insurance plans that can provide financial support to help you obtain long-term care when you need it.

You've probably heard of this kind of insurance before and may have even considered it. But like many people, you might have been confused by the options and concerned that you wouldn't make the right decision.

MetLife is focused on taking the guesswork out of choosing the long-term care insurance plan that's right for you. First, we introduced a new, simpler product that focuses on the changing needs of different life stages: MetLife LTC LifeStage Advantage<sup>[SM]</sup>. And now we've created an easy-to-use tool that can help you choose a plan that's right for you. It's called the MetLife Long-Term Care Insurance Selector<sup>[SM]</sup> (patent-pending). I'd like to show you how it works.

Please [call me at {phone number} / e-mail me at {e-mail address}], if you would like more information; or I may call you.

Best regards,

**[Agent Name]**

[Company approved title]

[CA Insurance License # (if letter used in CA)]

[AR Insurance License # (if letter used in AR)]

**• Not a Deposit Or Other Obligation Of Bank • Not FDIC Insured • Not Insured By Any Federal Government Agency • Not Issued, Guaranteed Or Underwritten By Bank Or FDIC • Not A Condition To The Provision Or Term Of Any Banking Service Or Activity • Policy Is An Obligation Of The Issuing Insurance Company**

This long-term care insurance solicitation describes coverage offered by Metropolitan Life Insurance Company ("MetLife") policy numbers LTC2007. In some states, this identifier may be followed by the state's 2-letter abbreviation; a revised edition date; "ML" for Multi-Life; or "P" for Partnership policies.

MetLife's Long Term Care ("LTC") Insurance policies are guaranteed renewable and, like most LTC insurance policies cannot be cancelled due to an increase in your age or a change in your health. Premium rates can be raised as the result of a rate increase made on a class-basis. Like most LTC Insurance policies, MetLife's policies contain certain exclusions, limitations, elimination periods, reductions of benefits and terms for keeping them in-force. Call me about complete costs and details. An insurance agent may call you.

Metropolitan Life Insurance Company, New York, NY 10166

ADF#1921.09

LTCSelectProLtr  
L0909060040[exp0910]



**Subject to Company Telemarketing Guidelines & Policies, Use of DNSS Calls must be made from a phone without caller ID blocking devices and placed after 8:00 a.m. and before 9 p.m.**

**IF THE PERSON CALLED ASKED TO BE PLACED ON THE COMPANY'S DO-NOT-CALL LIST, TAKE DOWN ALL PERTINENT INFORMATION INCLUDING THE TELEPHONE NUMBER AND FORWARD IT TO THE APPROPRIATE PERSON TO BE ADDED TO THE COMPANY'S LIST IN ACCORDANCE WITH COMPANY PROCEDURES.**

## **LTCI Selector Telephone Scripts**

**FOR USE BY PRODUCER OR BROKER/DEALER ONLY. MUST BE SPOKEN VERBATIM.**

Hello. This is [name ], [approved title] with the [location/office] of [MetLife/New England Financial]. Is this [Mr./Ms. Name]?

Prospective Clients Approach	Existing Clients Approach
I recently sent you a letter regarding how MetLife can help protect you and your family, if you experience a long-term care event. Do you recall receiving that letter?	Is this Mr./Ms. [Name]? [If not, confirm that the policy owner is on the phone by asking, "May I please speak to [policy owner]?"]  You've been a client with MetLife for some time. I'm calling today to talk about a letter (I/we) recently sent to you regarding how MetLife can help protect you and your family, if you experience a long-term care event. Do you recall receiving that letter?
Received or Not Received	

Great, I'm glad I called you. You see, that letter was about the importance of protecting your loved ones, if you ever need long-term care. If you're like most people, you've probably thought about planning for long-term care, but you may find it so confusing that you put off a decision until another day.

That's why I want to show you MetLife's brand new, simple questionnaire that can help take the mystery out of choosing a long-term care insurance policy that is right for you.

### **Arrange for Interview**

With that in mind, could I see you on [Day] at [Time] or would [Day] at [Time] be better for you?

Great! [Day] at [Time] it is!

SERFF Tracking Number: META-126328663 State: Arkansas  
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 43572  
Company Tracking Number: IO9-20 LTC SELECTOR COMPANION PIECES  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: Individual Long-Term Care Insurance Advertising  
Project Name/Number: IO9-20 LTC Selector Companion Pieces/IO9-20 LTC Selector Companion Pieces

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Explanation of Variables		
<b>Comments:</b>		
<b>Attachments:</b>		
EOV ADF#1921.09 LTCI Selector Letter.pdf		
EOV ADF#1922.09 Selector Phone Script.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> NAIC Form		
<b>Comments:</b>		
<b>Attachment:</b>		
AR NAIC .pdf		



Metropolitan Life Insurance Company  
NAIC: 241-65978

## **EXPLANATION OF VARIABLE MATERIAL**

### **INVITATION TO INQUIRE**

#### **LTCI Selector Prospecting Letter**

#### **ADF#1921.09**

There are two types of variable material set forth in brackets within the enclosed prospecting letter. These are:

1. Illustrative material; and
2. Specific variable material

#### **Illustrative Material**

Illustrative material consists of entries such as the date, company name, recipient's name and address, the name, designations and insurance license number of the person sending the letter, and administrative codes, all of which may be varied.

#### **Specified Variable Material**

Specific variable material will be changed only as indicated in the explanation set forth below.

#### **Section Explanation**

Service Marks [SM] are bracketed after MetLife LTC LifeStage Advantage and MetLife Long-Term Care Insurance Selector in the event that they are changed to Register marks ®.

**Final Paragraph:** The producer sending the letter can suggest that the prospect either call and/or email at the provided phone number or email address.



Metropolitan Life Insurance Company  
NAIC: 241-65978

## **EXPLANATION OF VARIABLE MATERIAL**

### **INVITATION TO INQUIRE**

#### **LTCI Selector Phone Script**

#### **ADF#1922.09**

There are two types of variable material set forth in brackets within the enclosed telephone script. These are:

1. Illustrative material; and
2. Specific variable material

#### **Illustrative Material**

Illustrative material consists of entries such as the prospective/existing client's name and the name, approved title, company name and location of the person making the call, and administrative codes, all of which may be varied.

#### **Specified Variable Material**

Specific variable material will be changed only as indicated in the explanation set forth below.

#### **Approach Section:**

If the client is a prospective client, the agent will use "Prospective Clients Approach" script.  
If the client is an existing client, the agent will use "Existing Clients Approach" script.

#### **Existing Client Approach:**

First paragraph: If the client is not who answers the phone, the agent will ask to speak to the policy owner (second sentence).

Second paragraph: the agent may indicate that either "I" or "we" sent out a letter; depending on whether it came directly from him or from his office.

**Arrange for Interview Section:** The day and time of appointments will vary.

**Life, Accident & Health, Annuity, Credit Transmittal Document**

Reset Form

<b>1.</b>	<b>Prepared for the State of</b>	<b>ARKANSAS</b>					
-----------	----------------------------------	-----------------	--	--	--	--	--

  

<b>2.</b>	<b>Department Use Only</b>						
	<b>State Tracking ID</b>						

  

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	STATE #
	Metropolitan Life Insurance Company Long-Term Care Insurance Division 57 Greens Farms Road Westport, CT 06881-9909	New York	A&H	241	65978	13-5581829	

  

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Mary J. Rinaldi Metropolitan Life Insurance Company Long-Term Care Insurance Division 57 Greens Farms Road Westport, CT 06881-9909	203.221.3859	203.221.6573	mrinaldi@metlife.com

  

<b>5.</b>	<b>Requested Filing Mode</b>	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
-----------	------------------------------	--	--	--	--	--	--

  

<b>6.</b>	<b>Company Tracking Number: 109-20 LTC Selector Companion Pieces</b>						
<b>7.</b>	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission <input type="checkbox"/> Previous file #						
<b>8.</b>	<b>Market</b>	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 40%; text-align: center;"><b>Group</b></div> <div style="width: 55%;"> <input type="checkbox"/> Small      <input type="checkbox"/> Large      <input type="checkbox"/> Small and Large  <input type="checkbox"/> Employer      <input type="checkbox"/> Association      <input type="checkbox"/> Blanket  <input type="checkbox"/> Discretionary      <input type="checkbox"/> Trust  <input type="checkbox"/> Other: _____         </div> </div>					
<b>9.</b>	<b>Type of Insurance</b>	<b>LTC031 Individual Long-Term Care Insurance</b>					
<b>10.</b>	<b>Product Coding Matrix Matix Filing Code</b>	<b>LTC031.001 - Qualified</b>					

11.	Submitted Documents	<input type="checkbox"/> <b>FORMS</b> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application <input type="checkbox"/> Rider/Endorsement <input checked="" type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other  <input type="checkbox"/> <b>RATES</b> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate  <input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATES:</b> _____ Please explain:  <b>SUPPORTING DOCUMENTATION</b> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____
12.	Filing Submission Date	October 1, 2009
13.	Filing Fee (If required)	Amount \$50.00 _____ Check Date _____ EFT Transaction _____ Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number _____ EFT Transaction _____
14.	Date of Domiciliary Approval	NA New York does not require LTCI advertising to be filed.
15.	<b>Filing Description:</b> <b>INDIVIDUAL LONG-TERM CARE INSURANCE ADVERTISING MATERIAL(S)</b>  <b>PLEASE SEE THE COVER LETTER.</b>	

**View Complete Filing Description**

16.	<b>Certification (If required)</b>	
<b>I HEREBY CERTIFY</b> that I have reviewed the applicable filing requirements for this filing, and complies with all applicable statutory provisions for the state of <u>ARKANSAS</u>  Print Name <u>Mary J. Rinaldi</u> Title: <u>Consultant-Compliance/Marketing/AD</u>  Original Signature <u><i>Mary J. Rinaldi</i></u> Date <u>October 1, 2009</u>		

<b>17.</b>	<b>Form Filing Attachment</b>	
<b>This filing transmittal is part of company tracking number</b>		109-20 LTC Selector Companion Piece
<b>This filing corresponds to rate filing company tracking number</b>		

	<b>Document Name</b>	<b>Form Number</b>		<b>Replace Form Number</b>
	<b>Description</b>			<b>Previous State Filing Number</b>
01	LTCI Selector Prospecting Letter	ADF#1921.09	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
02	Selector Phone Script	ADF#1922.09	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
12			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	

LH FFA-1

<b>18.</b>		<b>Rate Filing Attachment</b>		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate impact for this filing		%		
	<b>Document Name</b>	<b>Affected Form Numbers</b>		<b>Previous State Filing Number</b>
	<b>Description</b>			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	

LH RFA-1